

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155472		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/06/2012	
NAME OF PROVIDER OR SUPPLIER HOOSIER VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 9875 CHERRYLEAF DR INDIANAPOLIS, IN 46268			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/06/12</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hoosier Village was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in resident sleeping rooms, support rooms and at smoke barrier and horizontal exit</p>			K0000	<p>This plan of correction constitutes the written compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by the state and federal law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>doors. The facility has a capacity of 122 and had a census of 70 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0018 SS=E	<p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 61 resident room corridor doors latched into the door frame. This deficient practice could affect any resident, staff or visitor in the vicinity of Room 208.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services during a tour of the facility from 12:30 p.m. to 2:55 p.m. on 02/06/12, the latching mechanism for the corridor door to resident Room 208 failed to latch the door into the door frame. Based on interview at the time of observation, the Director of Environmental Services stated the latching mechanism in the door wasn't functioning and acknowledged the corridor door to resident Room 208 failed</p>			K0018	<p>1. There were no residents affected.</p> <p>2. Immediately following the inspection on 2/6/12, the latching mechanism for the door to resident room 208 was adjusted and functioning properly. All other doors were checked by the surveyor during the tour of the facility and found to be latching appropriately. Therefore, no other doors were affected.</p> <p>3. As a means of ongoing compliance, quarterly safety inspections will include checking each resident door to ensure that the latching mechanism is working properly.</p> <p>4. As a means of quality assurance, results of those monthly safety inspections will be reviewed during the quarterly Safety Committee meetings.</p>		02/16/2012

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	to latch into the door frame when the door was closed. 3.1-19(b)						

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K0048 SS=E	<p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility. LSC 19.7.2.2 requires written health care occupancy fire safety plans shall provide for the following:</p> <ul style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any resident, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire safety plan titled "Disaster Plan: Fire Plan" during record review with the Director of Environmental Services from 9:30 a.m. to 11:35 a.m. on 02/06/12, the fire safety plan did not address the use of ABC type fire extinguishers and the K class fire extinguisher located in the</p>		K0048	<p>1. There were no residents affected. 2. Hoosier Village has a written plan stating procedures to be followed in the event of a fire emergency. Periodic staff rehearsals include fire extinguisher demonstrations. Further, the kitchen overhead hood extinguishing system automatically activates with heat sensors. Therefore, there were no other residents with the potential to be affected. 3. The Fire Plan has been revised to state that activation of the overhead hood extinguishing system must occur before using the ABC or the K class fire extinguisher to extinguish cook line fires. 4. Training for kitchen staff to activate the overhead fire extinguishing system to suppress a cook line fire before using either the ABC or the K class fire extinguisher will be completed 2/24/2012. All new kitchen staff will receive training on the activation of the hood system during his/her orientation.</p>		02/24/2012	

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	<p>kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Director of Environmental Services acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K class fire extinguisher.</p> <p>3.1-19(b)</p>						

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K0064 SS=E	<p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 portable K class fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2-3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect any residents, staff or visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services during a tour of the facility from 12:30 p.m. to 2:55 p.m.</p>	K0064	<p>1. There were no residents affected.</p> <p>2. A placard stating that the fire protection system shall be activated prior to using the fire extinguisher was conspicuously posted on the wall directly above the K class fire extinguisher on 2/13/2012. Therefore, there is no potential for other residents to be affected.</p> <p>3. Monthly inspection of the K class fire extinguisher will include that the required placard is in place. A tag will be dated and initialed at the time of inspection.</p> <p>4. Quarterly inspections by the safety committee will include visualization of the placard in place.</p>	02/13/2012			

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	<p>on 02/06/12, a placard was not conspicuously placed near the K class portable fire extinguisher which states the fire protection system shall be activated prior to using the K class portable fire extinguisher. Based on interview at the time of observation, the Director of Environmental Services acknowledged a placard was not conspicuously placed near the K class portable fire extinguisher stating the fire protection system shall be activated prior to using the K class portable fire extinguisher.</p> <p>3.1-19(b)</p>						

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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/06/12</p> <p>Facility Number: 000548 Provider Number: 155472 AIM Number: NA</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hoosier Village was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The nurses station near resident Room 128 and Room 129 was constructed in 2010 and was surveyed with Chapter 18 New Health Care Occupancies.</p> <p>The 2010 addition to the one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in resident sleeping</p>		K0000	<p>This plan of correction constitutes the written compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by the state and federal law.</p>			

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	<p>rooms, support rooms and at smoke barrier and horizontal exit doors. The facility has a capacity of 122 and had a census of 70 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0046 SS=E	<p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review, observation and interview; the facility failed to ensure emergency lighting was provided in accordance with LSC 7.9 for 2 of 2 battery powered emergency lights for 12 of 12 months. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ -hr duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect any resident, staff or visitor in the vicinity of the facility exit by the nurse's station near resident Room 128.</p> <p>Findings include:</p> <p>Based on record review with the Director of Environmental Services from 9:30 a.m. to 11:35 a.m. on 02/06/12, documentation of functional testing of battery powered emergency lights at 30 day intervals and an annual test of battery powered emergency lights in the facility</p>	K0046	<p>1. There were no residents affected.</p> <p>2. A functional test with documentation was conducted on the 2 battery powered emergency lighting systems on 2/17/12. Further, the emergency lighting systems are on the back up generator.</p> <p>3. As a means of ongoing compliance, Hoosier Village will perform a functional test every month and annual tests for no less than a 90 minute duration on the 2 battery powered emergency lighting systems to ensure equipment is fully operational. Written records will be maintained.</p> <p>4. As a means of quality assurance, monthly safety inspections will be reviewed with the Safety Committee during quarterly meetings</p>	02/16/2012			

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	<p>was not available for review. Based on observation with the Director of Environmental Services during a tour of the facility from 12:30 p.m. to 2:55 p.m. on 02/06/12, a battery powered emergency lighting system was observed inside the building at the facility exit by the nurse's station near resident Room 128 and a battery powered emergency lighting system was observed inside the nurse's station office near resident Room 128. Based on interview at the time of observation, the Director of Environmental Services stated documentation of monthly and annual testing of each battery powered emergency light was not maintained and acknowledged no documentation of monthly and annual testing of each battery powered emergency light was available for review.</p> <p>3.1-19(b)</p>						